

PREPARED BY AND RETURN TO:
TAYLOR JONES & ALEXANDER LTD.
ATTORNEYS AT LAW
P. O. BOX 188
SOUTHAVEN, MS 38671
(662) 342-1300
File #8290-07

8/15/07 8:30:27
BK 566 PG 309
DE SOTO COUNTY, MS
W.E. DAVIS, CH CLERK

KAREN R. McALLISTER
GRANTOR(S)

WARRANTY

TO

DEED

OXNER INVESTMENT, LLC
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, **KAREN R. McALLISTER** do hereby sell, convey, and warrant unto **OXNER INVESTMENT, LLC** the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

1.50 acres, more or less, acres of land being located in part of the Northwest Quarter and part of the Southwest Quarter of the Northwest Quarter of Section 19, Township 2 South, Range 5 West, DeSoto County, Mississippi more particularly described on Exhibit "A" attached hereto.

Parcel # 2054-1900.0-00003.00

The above property is part of the same property conveyed to Karen R. McAllister, Charles Murry McAllister and wife, Ruth Wright McAllister as joint tenants with full rights of survivorship and not as tenants in common by Warranty Deed of record in Book 324, Page 713 in the Chancery Clerk's Office of DeSoto County, Mississippi.


BY WAY OF EXPLANATION: Ruth Wright McAllister passed away on May 13, 2005 and Charles Murry McAllister passed away on January 18, 2006.

The warranty in this deed is subject to subdivision restrictions, building lines and easements as shown on the recorded plat, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Taxes for the year 2007 are to be prorated as of this date and are to be paid by the Grantee.

Possession is to be given on delivery of this Warranty Deed

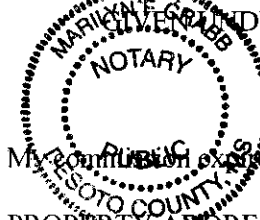
WITNESS my signature(s), this the 31st day of July, 2007.


KAREN R. McALLISTER

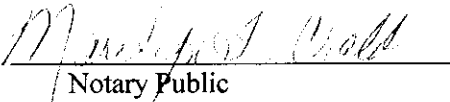
STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named KAREN R. McALLISTER who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

UNDER MY HAND and seal of office, this the 31st day of July, 2007.


Notary Public
My Commission Expires: _____

Notary Public State of Mississippi
At Large
My Commission Expires
September 7, 2007


Notary Public

PROPERTY ADDRESS: 12147 MILLER RD., OLIVE BRANCH, MS. 38654

GRANTOR'S ADDRESS:
8130 Swinnea Rd. N.
Southaven, Ms. 38671
Ph# 901-606-2900
Bus#901-606-2900

GRANTEE'S ADDRESS
P. O. Box 767
Olive Branch, Ms. 38654
Ph# 901-493-6973
Bus#901-493-6973

Taylor

TRACT 1: A 1.50, more or less, acres of land being located in part of the Northwest Quarter and part of the Southwest Quarter of the Northwest Quarter of Section 19, Township 2 South, Range 5 West, Desoto County, Mississippi more particularly described as follows:

BEGINNING at the Northwest corner of Section 19, Township 2 South, Range 5 West; thence South 89 degrees 57 minutes 09 seconds East 682.52 feet along said section line to a Point; thence South 00 degrees 03 minutes 44 seconds East 21.32 feet to iron pin (found) in the Southerly right-of-way line of Miller Road said pin being the Point of Beginning for the herein described tract; thence South 89 degrees 56 minutes 06 seconds East 182.74 feet along said Right-of-Way to an iron pin (set); thence South 00 degrees 05 minutes 24 seconds West 357.36 feet to an iron pin (set); thence North 89 degrees 56 minutes 12 seconds West 182.90 feet to an iron pin (set); thence North 00 degrees 03 minutes 50 seconds West 357.36 feet to the Point of Beginning containing 1.50 , more or less acres of land being subject to all codes, regulations, restrictions, easements and right-of-ways of record as per plat made by Smith Engineering & Surveying, Inc., dated December 12, 1996.

Exhibit "A"

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK 566 PG 311

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOKSTATE FILE
NUMBERNAME OF DECEDENT:
For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) Charles Murry McAllister				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) January 18, 2006	
4. SOCIAL SECURITY NUMBER (of Decedent) 408-42-8012		5a. AGE-LAST BIRTHDAY (Year) 74		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) Sept. 11, 1931	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		7. BIRTHPLACE (City and State or Foreign Country) Memphis, TN			
9b. FACILITY NAME (If not institution, give street and number) VA Medical Center				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) None		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Machinist		12b. KIND OF BUSINESS/INDUSTRY Self-Employed	
13a. RESIDENCE-STATE MS		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Southaven		13d. STREET AND NUMBER OR RURAL LOCATION 8130 Swinnea Rd.	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-) 2							
17. FATHER'S NAME (First, Middle, Last) Charles McAllister				18. MOTHER'S NAME (First, Middle, Maiden Surname) Sally Walker			
19a. INFORMANT'S NAME (Type/Print) Curt McAllister				19b. RELATIONSHIP TO DECEASED Son		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8155 Jamesbrook Rd., Southaven, MS 38671	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memory Hill Gardens		20c. LOCATION-City or Town, State Memphis, TN	
21a. SIGNATURE OF FUNERAL DIRECTOR Jeff Deadman				21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4904		21c. SIGNATURE OF EMBALMER <i>[Signature]</i>	
21d. LICENSE NUMBER OF EMBALMER 5780							
22a. NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home 3700 N. Germantown Pkwy Memphis, TN 38133				22b. LICENSE NUMBER OF FUNERAL HOME 1023			
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>				24. DATE FILED (Month, Day, Year) FEB 03 2006			
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>				25b. LICENSE NUMBER 107478		25c. DATE SIGNED (Month, Day, Year) Jan 29, 2006	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Charles L. Belmont MD 1030 Jefferson Memphis, TN 38104							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Septic b. Pneumonia c. Due to (or as a consequence of): d. Due to (or as a consequence of): Approximate Interval Between Onset and Death							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Bronchogenic Carcinoma				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY	
				31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
				31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and number or rural Route Number, City or Town, State)	

BIRTH NO.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS**

BK 566 PG 312

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-

05-011466

OR PRINT
IN BLACK INK

FILING DATE JUN 06 2005

DECEASED	1. NAME First Middle Last RUTH EVELYN MCALLISTER			2. SEX FEMALE		3a. HOUR OF DEATH 09:15A^m		3b. DATE OF DEATH (Month, Day, Year) MAY 13 2005		
	4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 73 Years		5b. MOS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		5c. DAYS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		5d. HOURS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY	
	5e. MINS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year) NOVEMBER 24, 1931				7a. COUNTY OF DEATH DESOTO			
	7b. CITY OR TOWN OF DEATH SOUTHAVEN		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B				7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA INPT		8. STATE OF BIRTH TX	
RESIDENCE Items. actual location and address	9. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) CHARLES M. MCALLISTER		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN	
	14. SOCIAL SECURITY NUMBER 535-66-2544		15a. USUAL OCCUPATION (Kind of work done most of working life) HOMEMAKER		15b. KIND OF BUSINESS OR INDUSTRY OWN HOME					
	16a. RESIDENCE-STATE MS		16b. COUNTY DESOTO		16c. CITY OR TOWN SOUTHAVEN		16d. INSIDE CITY LIMITS (Specify Yes or No) YES		16e. STREET AND NUMBER OR RURAL LOCATION 8130 SWINNEA RD.	
	17. FATHER-NAME First Middle Last ALBERT SIDNEY WRIGHT		18. MOTHER-NAME First Middle Maiden CELIA GENEVA CLARK							
FORMANT	19a. INFORMANT-NAME (Type or print) CHARLES M. MCALISTER				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 8130 SWINNEA RD., SOUTHAVEN, MS 38671					
	20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY-NAME MEMORY HILL GARDENS		20c. LOCATION (City and State) MEMPHIS, TN		21a. EMBALMER-SIGNATURE AND NUMBER Aaron Hazen 1020			
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER MEMPHIS FUNERAL HOME 1023				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. BOX 17069, MEMPHIS, TN 38187-0069					
	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) TAPAN THAKUR, MD				22b. PRONOUNCED DEAD (Month, Day, Year) ON MAY 13 2005		22c. PRONOUNCED DEAD (Hour) AT 09:15A^m			
RTIFIER	23a. CERTIFIER-NAME (Type or print) TAPAN THAKUR, MD				23b. MAILING ADDRESS (Street and number or route, and box number, City or town, State, ZIP code) 401 SOUTHCREST #104, SOUTHAVEN, MS 38671					
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE Tapan Thakur MD				24b. DATE SIGNED (Month, Day, Year) 5/27/05		24c. STATE LICENSE NUMBER 16048		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	
	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE				24f. TITLE MD		24g. DATE SIGNED (Month, Day, Year)			
	24h. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE				24i. TITLE MD		24j. DATE SIGNED (Month, Day, Year)			
USE OF DEATH	25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) RESPIRATORY FAILURE.								Interval between onset and death	
	25. PART I: IMMEDIATE CAUSE (Enter one cause only) (b) POSTOBSTRUCTIVE PNEUMONIA								Interval between onset and death	
	25. PART I: IMMEDIATE CAUSE (Enter one cause only) (c) METASTATIC LUNG CARCINOMA								Interval between onset and death	
	26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause ARRIAL FIBRILLATION								27. AUTOPSY (Yes or No) NO	
had Decedent been Pregnant within 90 Days prior to Death?	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)								29b. DATE OF INJURY (Month, Day, Year)	
	29c. HOUR OF INJURY m.								29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
	29e. INJURY AT WORK (Yes or No)								29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	
	29g. LOCATION Street or route number City or town State									

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN -6 2005

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

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